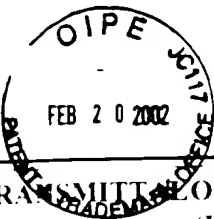
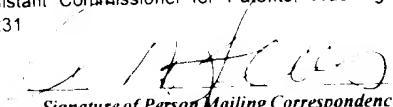
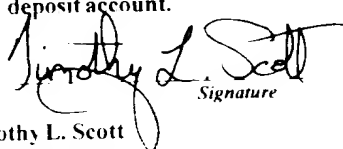


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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. SBI-073
In Re Application Of Thorne et al.			
Serial No. 09/746,921	Filing Date 12/22/2000	Examiner	Group Art Unit
Title: COMPOSITION AND PROCESS FOR BONE GROWTH AND REPAIR			
<p style="text-align: center;">Address to Assistant Commissioner for Patents Washington, D.C. 20231</p> <p style="text-align: center;">37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:</p> <p style="margin-left: 40px;">1. a Final Action under 37 CFR 1.113, or</p> <p style="margin-left: 40px;">2. a Notice of Allowance under 37 CFR 1.311,</p> <p style="margin-left: 40px;">whichever occurs first.</p> <p>Also submitted herewith is:</p> <p style="margin-left: 40px;"><input type="checkbox"/> a certification as specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p) for submission of an Information Disclosure Statement under 37 CFR 1.97(c).</p>			



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<p align="center">Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No 09-0473 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input checked="" type="checkbox"/> Credit any overpayment</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <div><p>Certificate of Transmission by Facsimile*</p><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No _____) on _____ (Date)</p><p>_____ Signature</p><p>_____ Typed or Printed Name of Person Signing Certificate</p></div> <div><p>Certificate of Mailing by First Class Mail</p><p>I certify that this document and fee is being deposited on 11-5-01 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231</p><p> Signature of Person Mailing Correspondence</p><p>Amy Lewis Typed or Printed Name of Person Mailing Correspondence</p></div> <p>*This certificate may only be used if paying by deposit account.</p> <p> Signature</p> <p>Timothy L. Scott Reg. No. 37, 931 SULZER MEDICA USA INC. 3 East Greenway Plaza, Suite 1600 Houston, Texas 77046</p> <p>Phone: 713/561-6374 Fax: 713/563-6380</p> <p align="right">Dated: November 5, 2001</p> <p>cc</p>			

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Applicant(s) Thorne et al.		SBI-073

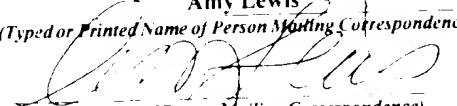
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Invention

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I hereby certify that this Information Disclosure Statement
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